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CERTIFIED TRUE COPY

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF DENTISTRY

IN THE MATTER OF	:	
	:	
<b>AMER AZIZOGLI, D.M.D.</b>	:	Administrative Action
<b>License No. DI 18853</b>	:	<b>CONSENT ORDER</b>
	:	
LICENSED TO PRACTICE DENTISTRY	:	
IN THE STATE OF NEW JERSEY	:	

This matter was opened to the New Jersey Board of Dentistry (hereinafter "Board") upon receipt of a patient complaint from C.S. alleging that Amer Azizogli, D.M.D. (Hereinafter "Respondent") failed to conform to standard dental practice in the State of New Jersey.

On October 17, 2001, respondent appeared with counsel, Alan Baratz, Esq., at an investigative inquiry into the matter held by the Board.

Having reviewed the entire record, including the testimony of respondent at the investigative inquiry, it appears to the Board that respondent failed to maintain adequate billing records and

respondent billed the insurance company for incomplete bridgework and palliative treatment not yet completed.

These facts form the basis for disciplinary action pursuant to N.J.S.A. 45:1-21 (d), (e) and (h ) and N.J.A.C. 13:30-8.7(a).

It appearing that respondent desires to resolve this matter and for good cause shown:

IT IS ON THIS 18<sup>th</sup> DAY OF September 2002,

**HEREBY ORDERED AND AGREED THAT:**

1. Respondent is hereby assessed a civil penalty, pursuant to N.J.S.A. 45:1-22, in the total amount of \$2,500.00 comprised of \$1,000.00 for poor record keeping and \$1,500.00 for repeated instances of improper insurance billing. Payment of the civil penalty of \$2,500.00 shall be made by certified check or money order, payable to the State of New Jersey and forwarded to Kevin Earle, Executive Director, Board of Dentistry, P.O. Box 45005, Sixth Floor, 124 Halsey Street, Newark, New Jersey 07101 no later than thirty (30) days from the entry of this Consent Order. Subsequent violations will subject respondent to enhanced penalties pursuant to N.J.S.A. 45:1-25.

2. Respondent shall pay costs of the investigation in this matter in the amount of \$434.00. Payment for costs shall be made by certified check or money order payable to the State of New Jersey and submitted to Kevin Earle, Executive Director of the Board, at the address above, no later than thirty (30) days from the entry of this Consent Order.

3. Respondent shall reimburse patient C.S. in the amount of \$2,860.00 A certified check or money order made payable to C.S. shall be sent within 30 days of the entry date of this Consent Order to Kevin Earle, Executive Director, at the address described in paragraph #1.

4. Failure to remit any payment as required by this Order will result in the filing of a certificate of debt.

5. Failure to comply with any of the terms of this Consent Order may result in further disciplinary action.

NEW JERSEY STATE BOARD OF DENTISTRY

By:

William A. Orlacchio  
~~Emil Cappetta, D.M.D.~~

President

William A. Orlacchio, DDS

I have read and understand this Consent Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order.

Amer Azizoglu  
Amer Azizoglu, D.M.D.

8-27-02  
Date

I consent to the entry of this order as to form

Alan Baratz  
Alan Baratz, Esq.

9/3/02  
Date